

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522564 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	8						53						
4							54						
5							55						
6	/	7					56						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓								
TOTAL DEP.	5	←		←	←	←		↓		↓		↓	
TOTAL CLAIMS	7	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]							